

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/069702</div>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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